

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/784,474
		Filing Date	February 15, 2001
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		Group Art Unit	2616
		Confirmation Number	2818
		Examiner Name	Pezzlo, John
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	150701.02

ENCLOSURES (check all that apply)			
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<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
CERTIFICATE OF MAILING OR TRANSMISSION <i>(Under 37 CFR § 1.8(a))</i> I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below: <u>May</u> April 14, 2006 Signature: <u>Kate Marochkina</u> Date Printed Name		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	

SIGNATURE OF ATTORNEY OR AGENT			
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